

COMMISSIONERS' COURT AGENDA REQUEST FORM

REQUESTS MUST BE RECEIVED NO LATER THAN 12:00 PM

This space for Court Clerk

ON THE TUESDAY PRIOR TO THE MONDAY MEETING.

INSTRUCTIONS ON THE REVERSE

AGENDA NUMBER:

REGULAR

CONSENT 29994

4/15/09 DDCAB

REQUESTING DEPARTMENT

Date: 4/13/09 Court Date: 4/27/09 Phone/Ext: 5100 Department: Sheriff

Description of Agenda Item: Request permission to advertise for bid
for Inmate Commissary Services..

DEPARTMENT HEAD
SIGNATURE: 

BUDGET RELATED INFORMATION

MUST COMPLETE FOR ALL EXPENDITURES/RFP'S

This item is part of the current budget: Yes
No

Amount Budgeted: _____
(or needed)

Account Number: _____

PURCHASING DEPARTMENT ACTION & COMMENTS

Enter "not to exceed" cost estimate(s) for the requested item(s): _____

CHECK TWO OF THE BELOW

ADVERTISE	<input type="checkbox"/>	BIDS	<input type="checkbox"/>
AWARD	<input type="checkbox"/>	PROPOSALS	<input type="checkbox"/>

BOND REQUIRED: _____

ANNUAL ACTION: _____

AD DATES: _____

INS. REQ'D: _____

EFFECTIVE: _____

OPEN DATE/TIME: _____

Item Description for Agenda: _____

Remarks: _____

PURCHASING AGENT
SIGNATURE: _____

AUDITOR'S OFFICE ACTION & COMMENTS

BUDGET/FUNDING VERIFICATION

BUDGETED	<input type="checkbox"/>	FUNDS AVAILABLE	<input type="checkbox"/>
UNBUDGETED	<input type="checkbox"/>	ACCOUNT NUMBER FOR AVAILABLE FUNDS	
FUNDS NOT AVAILABLE	<input type="checkbox"/>	(Needed for Agenda Submission)	

BUDGET AMENDMENT REQUIRED

NON-EMERGENCY, Sec 111.011 LGC	<input type="checkbox"/>
EMERGENCY, Sec 111.010 LGC	<input type="checkbox"/>

FUNDS TRANSFER RECOMMENDATION

AMOUNT	DEPARTMENT NAME	ACCOUNT NUMBER
\$ _____ From	_____	_____
\$ _____ From	_____	_____
\$ _____ To	_____	_____
\$ _____ To	_____	_____

Remarks: _____

COUNTY AUDITOR
SIGNATURE: _____

BUDGET DEPARTMENT ACTION & COMMENTS

COMMENTS RELATED TO BUDGET AMENDMENT JUSTIFICATION SUBMITTED BY DEPARTMENT

BUDGET OFFICER
SIGNATURE: _____